U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<u> </u>		
1. File Number U - 76 99	2. Fiscal Year Covered From:	
	1/1/04 Through: 12/31/04	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Danny M. Hyde	Name Carpenters District Cauncil of Kansas City +Vicinity Labor Organization File Number 026-389	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
street 3323 S. Graystone	Street 625 VV. 39th Street	
City Springfield	city Kansas City	
State	State MO ZIP Code + 4 64111	
5. Position in labor organization. Business Tepresen	2	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your exercise.		
	n represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
Name	The state of the s	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street (7.b. Amount.	
City (17 10 10 10 10 10 10 10 10 10 10 10 10 10	Control of the state of the control	
State ZIP Code + 4 d service	en e	
Signature		
15. Signature and verification. The undersigned declares, under penalty of Persubmitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section	jury and other applicable penalties of the law, that all of the information documents), has been examined by the signatory and is, to the best of the non penalties in the instructions.)	
Signed Danny Myde	On 8/1/05 4/7-88/-5880 Telephone Number	

Name of Person Filing Danny Hyde	File Number U-
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name Carpenters District Council of Causes Cifferenticeship and Training Fund Trade Name, if any: W/A P.O. Box, Bldg., Room No., if any Street: 105 W 1244 Ave City North Kausus Cifferential Ciffer	b. Trust
the state of the s	11.a. Nature of such dealing.
Name ;	Apprentice ship + Journey man
Trade Name, if any:	Training
P.O. Box, Bldg., Room No., if any	
Street -	
City	11.b. Approximate dollar value of such dealing. 2,255,100
State ZIP Code + 4	12.a. Nature of interest held or income received. Attended apprentice graduation with my wife on 10/23/04
	11 WITE ON 10/23/04
	12.b. Amount
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing	-		
	File Num	ber U-	
B. Held an interest in or derived income or economic benefit with monetal substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or it (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business sactively seeking to represent, or		
8. Name and address of Business (including trade name, if any). Name . LIVVESCO	9. Business deals with:		
Trade Name, if any:	b. Trust		
Street: 1360 Peach Tree Plaze NE, Ste 101	c. Employer		
ay Atlanta			
State GA ZIP Code + 4 30309			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Carpenters District Council of Hans Ci Trade Name, if any: Pension French	Investment	Services	
P.O. Box, Bldg., Room No., if any			
Street 3100 Broadway Swite 805			
city Kansas City	11.b. Approximate dollar value of such deal		
State ZIP Code + 4 64 [12.a. Nature of interest held or income re		
		. 1. 8	
•	12.b. Amount.	447.00	
. Received from any employer (other than an employer covered under	Received from any employer (other than an employer course during		
r from any labor relations consultant to an employer any payment of	er parts A and B above)		
r from any labor relations consultant to an employer any payment of money	or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or parts A and B above) or other thing of value. 14.a. Nature of payment.		
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value.		
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value.		
Rane and address of Employer or Labor Relations Consultant (including trade name, if any). Name Tade Name, if any:	or other thing of value.		
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: 2.O. Box, Bldg., Room No., if any	or other thing of value.		
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: 2.O. Box, Bldg., Room No., if any street	or other thing of value.		
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any treet	or other thing of value.		
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: 2.O. Box, Bldg., Room No., if any street	or other thing of value.		

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetal substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or it (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business s actively seeking to represent, or
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Commerce Bank	man :
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street: 1000 Walnut St.	c. Employer
av Kansas City	
State NO ZIP Code + 4 64106	
	····
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Carpenters District Course of Conces	I Investment Services
Trade Name, if anyl:	
P.O. Box, Bldg., Room No., if any	
street 3100 Broadway, Swite 805	11.b. Approximate dollar value of such dealing. 1. 104 191
city Kansas City	12.a. Nature of interest held or income received
State ZIP Code + 4 (Q 4)	Sponsored dinner for Trusteer attending Educational Conference in
	New Orleans, LA. on 12/1/04 attended with my wife
	12.b. Amount,
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	:
Street	
City	, ·
One of the second secon	
State ZIP Code + 4	
13.b. Is the Business an Employer and Consultant a	14.b. Amount of payment.

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetal substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or it (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business s actively seeking to represent, or	
8. Name and address of Business (including trade name, if any). Name (DIPENTERS) ISTRICT (DUNCIL MICHAELING). Trade Name, if any: P.O. Box, Bldg., Room No., if any Street: 3100 Broadway Suate 805 City (2003) City State MO. ZIP Code + 4 Teff III	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. Administration of Pension Funds For union members	
City ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Reimbursement for travel, expense to exducational Conference As Trustee in New Orleans, LA il/29/04 to 12/5/04	
	12.b. Amount. # 3103 20	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4		
13.b. Is the Business an Employer or Consullant?	14.b. Amount of payment.	